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CONFIRMATION NO. 3326

<b>SERIAL NUMBER</b> 10/668,941	<b>FILING OR 371(c) DATE</b> 09/22/2003 <b>RULE</b>	<b>CLASS</b> 227	<b>GROUP ART UNIT</b> 3721	<b>ATTORNEY DOCKET NO.</b> 1252CIP3DIVCON6 (203-833)
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/852,457 05/09/2001 PAT 6,644,532  
 which is a CON of 09/487,111 01/19/2000 PAT 6,250,532  
 which is a CON of 08/899,453 07/23/1997 ABN  
 which is a CON of 08/242,798 05/16/1994 PAT 5,711,472  
 which is a DIV of 08/024,533 03/01/1993 PAT 5,312,023  
 which is a CIP of 07/949,685 09/23/1992 PAT 5,326,013  
 which is a CIP of 07/915,425 07/17/1992 ABN  
 which is a CIP of 07/781,012 10/18/1991 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 12/11/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 39	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

50855

**TITLE**

SURGICAL STAPLING APPARATUS

<b>FILING FEE RECEIVED</b> 1296	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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